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20985 7590 06/03/2009			accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
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Minneapolis, MN 55440-1022				(Depositor's name)			
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						(Date)	
APPLICATION NO.	PPLICATION NO. FILING DATE FIRST NAM		FIRST NAME	D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/770,702	02/02/2004	Lev Ko			16491-0022001	1300	
TITLE OF INVENTION: BIOLOGICAL SIGNAL MANAGEMENT							
APPLN. TYPE	SMALL ENTITY	ISSUE	E FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510		\$300	\$1810	09/03/2009	
EXAMINER AR		ART	UNIT	CLASS-SUBCLASS	1		
BERTRAM, ERIC D. 37			66		_		
CFR 1.363). [] Change of correspondence address (or Change of Correspondence Address form PTO/SR/122) attached			names of up t agents OR, al firm (having	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent			
[] "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE (CITY and STATE OR COUNTRY)							
CardioNet, Inc. San Diego, CA							
Please check the appropriate assignee category or categories (will not be printed on the patent): [] individual [X] corporation or other private group entity [] government							
4a. The following fee(s) are enclosed: [X] Issue Fee [X] Publication Fee (No small entity discount permitted) [] Advance Order - # of Copies			4b. Payment of Fee(s): [] A check in the amount of the fee(s) is enclosed. [] Payment by credit card. Form PTO-2038 is attached. [X] The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-1050 (enclose an extra copy of this form).				
5. Change in Entity Status (from status indicated above) [].a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. []b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
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(Authorized Signature) /John F. Conroy, Reg. #45,485/				(Date) August 3, 2009			
Typed or Printed Name John F. Conroy				Registration No.	45,485		

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